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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  | <b>ATTORNEY'S DOCKET NUMBER</b><br><b>040331-000000US</b><br><b>U.S. APPLICATION NO. (If known, see 37 CFR 1.5)</b><br><b>10/520,669</b><br><small>not yet assigned</small> |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/EP03/007571</b>   | INTERNATIONAL FILING DATE<br><b>14 July 2003</b> | PRIORITY DATE CLAIMED<br><b>29 July 2002</b>  |
| <b>TITLE OF INVENTION: METHOD FOR OPERATING AN AUTOMATIC TRANSMISSION OF A TURBOCHARGER-CHARGED INTERNAL COMBUSTION ENGINE</b>  |  |   |
| <b>APPLICANT(S) FOR DO/EO/US</b><br><b>JANSSEN, Peter</b>   |  |   |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 36 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau</li> <li>c. <input checked="" type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)) Unexecuted.</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p><b>Items 11 to 20 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 – 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: <b>Return Postcard, Express Mail Label no. EV 470764690 US Mailed January 6, 2005</b></li> </ol> |  |   |

|  |              |   |                  |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
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| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>107520669</b><br>Not yet assigned  |              | INTERNATIONAL APPLICATION NO.<br><b>PCT/EP03/007571</b>                       |                  | ATTORNEY'S DOCKET NUMBER<br><b>040331-000000US</b> |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <p>21. The following fees are submitted:</p> <table> <tr> <td><input checked="" type="checkbox"/> a) Basic national fee</td> <td>\$300.00</td> <td>Applicant use</td> <td>Office use only</td> </tr> <tr> <td><input checked="" type="checkbox"/> b) Examination fee</td> <td>\$200.00</td> <td>\$</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> c) Search fee</td> <td>\$500.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="2"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><b>\$1000.00</b></td> <td><b>\$1000.00</b></td> <td></td> <td></td> </tr> <tr> <td colspan="6"> <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.         </td> </tr> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof (round up to a whole number)</td> <td colspan="3">RATE</td> </tr> <tr> <td>17-100</td> <td>/50</td> <td></td> <td>x \$250.00</td> <td>\$</td> <td></td> </tr> </table> <p>Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table> <tr> <td>CLAIMS</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> <td>RATE</td> </tr> <tr> <td>Total claims</td> <td>13 - 20 =</td> <td></td> <td>x \$50.00</td> </tr> <tr> <td>Independent claims</td> <td>-3 =</td> <td></td> <td>x \$200.00</td> </tr> <tr> <td colspan="3"><b>MULTIPLE DEPENDENT CLAIM(S) (if applicable)</b></td> <td><b>+ 360.00</b></td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td colspan="2"></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by <math>\frac{1}{2}</math>.         </td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL =</b></td> <td colspan="2"><b>\$1000.00</b></td> </tr> <tr> <td colspan="4">           Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).         </td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4"><b>TOTAL NATIONAL FEE =</b></td> <td colspan="2"><b>\$1000.00</b></td> </tr> <tr> <td colspan="4">           Fee for recording the enclosed assignment (37 CFR 1.2(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property         </td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4"><b>TOTAL FEES ENCLOSED =</b></td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4">           Amount to be refunded: <input type="checkbox"/> </td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4">           Amount to be charged: <input type="checkbox"/> </td> <td colspan="2">\$ 1000.00</td> </tr> </table> <p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <b>20-1430</b> in the amount of <b>\$1000.00</b> to cover the above fees.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>20-1430</b>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the Application to pending status.</p> <p>SEND ALL CORRESPONDENCE TO:<br/> <b>Customer No.: 20350</b><br/> <b>Darin J. Gibby</b><br/> <b>TOWNSEND and TOWNSEND and CREW LLP</b><br/> <b>2 Embarcadero Center, 8th Floor</b><br/> <b>San Francisco, CA 94111</b><br/> <b>Mailed: January 6, 2005</b></p> <p><b>SIGNATURE</b><br/> <b>Darin J. Gibby</b><br/> <b>NAME</b><br/> <b>38,464</b><br/> <b>REGISTRATION NUMBER</b></p> |              |   |                  |  |  | <input checked="" type="checkbox"/> a) Basic national fee | \$300.00 | Applicant use | Office use only | <input checked="" type="checkbox"/> b) Examination fee | \$200.00 | \$ |  | <input checked="" type="checkbox"/> c) Search fee | \$500.00 | \$ |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  | <b>\$1000.00</b> | <b>\$1000.00</b> |  |  | <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. |  |  |  |  |  | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE |  |  | 17-100 | /50 |  | x \$250.00 | \$ |  | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 13 - 20 = |  | x \$50.00 | Independent claims | -3 = |  | x \$200.00 | <b>MULTIPLE DEPENDENT CLAIM(S) (if applicable)</b> |  |  | <b>+ 360.00</b> | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by $\frac{1}{2}$ . |  |  |  | \$ |  | <b>SUBTOTAL =</b> |  |  |  | <b>\$1000.00</b> |  | Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | \$ |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | <b>\$1000.00</b> |  | Fee for recording the enclosed assignment (37 CFR 1.2(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property |  |  |  | \$ |  | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | \$ |  | Amount to be refunded: <input type="checkbox"/> |  |  |  | \$ |  | Amount to be charged: <input type="checkbox"/> |  |  |  | \$ 1000.00 |  |
| <input checked="" type="checkbox"/> a) Basic national fee  | \$300.00     | Applicant use   | Office use only  |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <input checked="" type="checkbox"/> b) Examination fee   | \$200.00     | \$  |                  |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <input checked="" type="checkbox"/> c) Search fee  | \$500.00     | \$  |                  |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              | <b>\$1000.00</b>  | <b>\$1000.00</b> |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.  |              |   |                  |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| Total Sheets   | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE             |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| 17-100   | /50          |   | x \$250.00       | \$   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| CLAIMS   | NUMBER FILED | NUMBER EXTRA  | RATE             |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| Total claims   | 13 - 20 =    |   | x \$50.00        |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| Independent claims   | -3 =         |   | x \$200.00       |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <b>MULTIPLE DEPENDENT CLAIM(S) (if applicable)</b>   |              |   | <b>+ 360.00</b>  |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |   |                  |  |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by $\frac{1}{2}$ .  |              |   |                  | \$   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <b>SUBTOTAL =</b>  |              |   |                  | <b>\$1000.00</b>                                   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).   |              |   |                  | \$   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <b>TOTAL NATIONAL FEE =</b>  |              |   |                  | <b>\$1000.00</b>                                   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| Fee for recording the enclosed assignment (37 CFR 1.2(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property   |              |   |                  | \$   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| <b>TOTAL FEES ENCLOSED =</b>   |              |   |                  | \$   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| Amount to be refunded: <input type="checkbox"/>  |              |   |                  | \$   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |
| Amount to be charged: <input type="checkbox"/>   |              |   |                  | \$ 1000.00   |  |   |          |               |                 |  |          |    |  |   |          |    |  |                                      |  |                  |                  |  |  |   |  |  |  |  |  |              |              |   |      |  |  |        |     |  |            |    |  |        |              |              |      |              |           |  |           |                    |      |  |            |  |  |  |                 |                                      |  |  |  |  |  |   |  |  |  |    |  |                   |  |  |  |                  |  |  |  |  |  |    |  |                             |  |  |  |                  |  |  |  |  |  |    |  |                              |  |  |  |    |  |   |  |  |  |    |  |  |  |  |  |            |  |